

# *Step by Step Instruction:*

How to Complete the New Sponsor  
Application Forms for the National  
School Lunch Program



***Released August 2015***

"How to Complete the Application Forms for the National School Lunch Program" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education

# Objectives

## **This training will**

- Identify all forms required to be submitted to Arizona Department of Education (ADE) to apply as a New Sponsor for NSLP, and
- Provide instructions on how to complete the New Sponsor Application Forms for the National School Lunch Program (NSLP).

# How to Complete the Application Forms for the National School Lunch Program

Required Forms	Slide #s
<a href="#">Sponsor Application Process Statement</a>	Slide 5
<a href="#">Food Program Permanent Service Agreement</a>	Slides 6-9
<a href="#">ADD / CHANGE / DELETE</a>	Slide 10
<a href="#">Common Logon Permissions Request for NSLP.</a>	Slides 11-12
<a href="#">Free and Reduced Price Policy Statement</a>	Slides 13-14
Civil Rights Pre-Award Compliance	Slide 15
<a href="#">State of Arizona Substitute W-9 Form</a>	Slide 16
<a href="#">DUNS Number Form</a>	Slide 17
<a href="#">Certification Regarding Debarment</a>	Slide 18
<a href="#">Certification Regarding Lobbying</a>	Slide 19
Menu Certification	Slide 20
If Applicable Section:	Slides 21-23

The following slides will only cover how-to instructions for completing the application forms. **If further guidance is needed on applying for the NSLP, please refer back to the ADE webpage; [How to Apply](#).**

# New Sponsor Application forms

All documents need to be signed by the Designated Official. The Designated Official is listed on the Signature Page, page 18 of the Food Program Permanent Service Agreement (FPPSA)

- All forms must be submitted in hard copy to the Arizona Department of Education's (ADE) Health and Nutrition Services Child Nutrition Programs (CNP) office.
- Click [here](#) to access the New Sponsor Application forms on the ADE How to Apply Webpage.

## **Mail original documents to:**

National School Lunch and Breakfast Programs  
Arizona Department of Education  
1535 W. Jefferson, Bin #7  
Phoenix, AZ 85007

This document should be used as a checklist to provide a complete application package.

- Complete all empty fields.
- Check off all of the boxes as you complete them.
- When all of the boxes have been checked off, the Designated Official signs and submits this document as the cover page with all application forms.

- Complete all empty fields.
- Check off all of the boxes as you complete them.
- When all of the boxes have been checked off, the Designated Official signs and submits this document as the cover page with all application forms.

# Food Program Permanent Service Agreement (FPPSA)

The FPPSA is a legal contract between the Arizona Department of Education (ADE) and the Local Education Agency (LEA) participating in one or more child nutrition programs. Reimbursement may only be made to those LEAs who have a current agreement with the ADE.

## Food Program Permanent Service Agreement

**ARIZONA DEPARTMENT OF EDUCATION**  
Health and Nutrition Services  
1535 West Jefferson Street  
Phoenix, Arizona 85007

**FOOD PROGRAM  
PERMANENT SERVICE AGREEMENT**  
ADE Contract No. ED06-0091  
Revised Summer 2014

\_\_\_\_\_  
("SPONSOR")  
(Legal Name of Applicant)  
Doing Business As (if applicable): \_\_\_\_\_

This Agreement is entered into between the Arizona State Board of Education ("BOARD"), acting through the Arizona Department of Education ("ADE"), a state agency of the State of Arizona, and the SPONSOR pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-209(B)(1) and 15-1152 (and § 11-491) or any if the SPONSOR is a public agency. If the SPONSOR is a public agency, the SPONSOR is authorized to enter into this Agreement pursuant to \_\_\_\_\_ (to be completed by the SPONSOR)

The purpose of this Agreement is to effectuate the National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.) and the Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1771 et seq.).

The SPONSOR enters into this Agreement with the BOARD for participation in one or more of the following programs (the "PROGRAM") (Check those that apply):

- ☐ National School Lunch Program (CFDA No. 10.555)
- ☐ School Breakfast Program (CFDA No. 10.553)
- ☐ Special Milk Program (CFDA No. 10.556)

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**ARIZONA DEPARTMENT OF EDUCATION**  
Health and Nutrition Services  
1535 West Jefferson Street  
Phoenix, Arizona 85007

**FOOD PROGRAM  
PERMANENT SERVICE AGREEMENT**  
Revised Summer 2014

**CERTIFICATION PAGE**  
(Applicable to SPONSORS with governing time in only used to complete and signed before signature page)

INSTRUCTIONS: The following information must be inserted into the Certification Section below:

- County in which the governing board is located.
- Name of governing board member authorized to sign this certification page.
- City in which governing board meeting regarding the Food Program Permanent Service Agreement was held.
- Date of governing board meeting.
- Legal name of the SPONSOR.
- Name of designated official who will be signing the Food Program Permanent Service Agreement (as official as on line 1 of the signature page of this Agreement).
- Signature of governing board member (same name as on line (2) of this certification page). Please note that a governing board member cannot designate himself or herself as the Designated Official.

**CERTIFICATION**

State of Arizona \_\_\_\_\_ )  
County of (1) \_\_\_\_\_ )  
I, (2) \_\_\_\_\_, the duly appointed or elected and qualified  
Name of Governing Board Member  
number of, and acting on behalf of the governing board, do hereby certify that during a regular meeting, on (6) \_\_\_\_\_, at \_\_\_\_\_, Arizona, we (6) \_\_\_\_\_, the governing board, by voting a unanimous vote, approved and authorized execution of an agreement between \_\_\_\_\_ and the State Board of Education (BOARD) for participating in the National School Lunch Program, School Breakfast Program, and/or Special Milk Program, beginning July 1, 2014.

(6) \_\_\_\_\_ has been designated by the governing board to sign this Agreement.  
(Name of Designated Official)  
(Same as the name as (2) above)  
I further certify that this meeting was duly noticed, called and convened and was attended by a majority of the members of the governing board and that approval has not since been altered or rescinded.

(7) \_\_\_\_\_  
Signature of Governing Board Member  
(Same as (2) above)

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**ARIZONA DEPARTMENT OF EDUCATION**  
Health and Nutrition Services  
1535 West Jefferson Street  
Phoenix, Arizona 85007

**FOOD PROGRAM  
PERMANENT SERVICE AGREEMENT**  
Revised Summer 2014

**SIGNATURE PAGE**

AGREED TO AND SIGNED:

1. \_\_\_\_\_  
(Print or Type Name and Title) \_\_\_\_\_  
(SPONSOR) \_\_\_\_\_ (Date) \_\_\_\_\_

Address: \_\_\_\_\_

**OTHER AUTHORIZED SIGNATURES**

2. \_\_\_\_\_  
(Print or Type Name and Title) \_\_\_\_\_ (Signature) \_\_\_\_\_

3. \_\_\_\_\_  
(Print or Type Name and Title) \_\_\_\_\_ (Signature) \_\_\_\_\_

4. \_\_\_\_\_  
(Print or Type Name and Title) \_\_\_\_\_ (Signature) \_\_\_\_\_


**FOR OFFICIAL USE ONLY**  
**STATE BOARD OF EDUCATION**

\_\_\_\_\_  
(Superintendent of Public Instruction or Designee)  
1535 West Jefferson, Phoenix, Arizona 85007  
(Date) \_\_\_\_\_  
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- FPPSA is a total of eighteen pages. Applicants must complete all empty fields found on pages 1, 17 and 18. The following slides will review these pages.
- Send **two** originals (full 18 pages).
- All documents must be signed by the Designated Official (not the Board Member) on the Food Program Permanent Service Agreement (FPPSA).
- All signatures must be original (no felt pens, stamps or scanned images).
- Do not use correction fluid or tape.

# Food Program Permanent Service Agreement (FPPSA) (continued)

## Page 1 of the FPPSA



**ARIZONA DEPARTMENT OF EDUCATION**  
Health and Nutrition Services  
1535 West Jefferson Street  
Phoenix, Arizona 85007

**FOOD PROGRAM  
PERMANENT SERVICE AGREEMENT**  
ADE Contract No. ED09-0001  
Revised Summer 2014

**This is your name in the School Finance database (CTDS#) - it may not be the name on your letterhead.**

**1** ("SPONSOR")  
(Legal Name of Applicant)

**2** **use if the above name is not your legal name or how you are typically known**  
Doing Business As (if applicable).

This Agreement is entered into between the Arizona State Board of Education ("BOARD"), acting through the Arizona Department of Education ("AGENCY"), a state agency of the State of Arizona, and the SPONSOR pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-203(B)(1) and 15-1152 (and § 11-951 et seq. if the SPONSOR is a public agency). If the SPONSOR is a public agency, the SPONSOR is authorized to enter into this Agreement pursuant to **3** **A.R.S. 15-183(H) [Charters], A.R.S. 15-342(13) [Public], all others leave blank** (to be completed by the SPONSOR)

The purpose of this Agreement is to effectuate the National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.) and the Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1771 et seq.).

The SPONSOR enters into this Agreement with the BOARD for participation in one or more of the following programs (the "PROGRAM") (Check those that apply):


<b>4</b> 1.	<input type="checkbox"/>	National School Lunch Program (CFDA No. 10.555)
2.	<input type="checkbox"/>	School Breakfast Program (CFDA No. 10.553)
3.	<input type="checkbox"/>	Special Milk Program (CFDA No. 10.556)

**Selecting items 1-3 does not require participation. However, if marked you may start any program without submitting a new FPPSA.**

- 1. Sponsor** – Enter the name given when provided a CTDS#. Do not abbreviate your Sponsor name unless that is how you are registered with School Finance. (ex: St. vs Saint) This may not be your legal name. It is okay to add your District number.
- 2. Doing Business As** – Only applicable for Sponsors whose legal name or name that is commonly used does not match the name provided by School Finance .
- 3.** Public programs are required to include the Arizona Revised Statutes (A.R.S.) that allow them to enter into this agreement. The blank line at the end of the first paragraph should be filled in with the A.R.S. for the specific type of sponsor:
  - School Districts would use: A.R.S. 15-342(13)
  - Charter Schools would use: A.R.S. 15-183(H)
  - Private and BIA Schools leave blank.
- 4.** Put a check mark or X within the [ ] to indicate which program you wish to participate in.

# Food Program Permanent Service Agreement (FPPSA) (continued)

Page 17 of the  
FPPSA



**ARIZONA DEPARTMENT OF EDUCATION**  
 Health and Nutrition Services  
 1535 West Jefferson Street  
 Phoenix, Arizona 85007

**FOOD PROGRAM  
 PERMANENT SERVICE AGREEMENT**  
 Revised Summer 2014

**CERTIFICATION PAGE**  
*(Applies to SPONSORS with governing boards only; must be completed and signed before signature page.)*

**INSTRUCTIONS:** The following information must be inserted into the Certification Section below.

- (1) County in which the governing board is located.
- (2) Name of governing board member authorized to sign this certification page.
- (3) City in which governing board meeting regarding the Food Program Permanent Service Agreement was held.
- (4) Date of governing board meeting.
- (5) Legal name of the SPONSOR.
- (6) Name of designated official who will be signing the Food Program Permanent Service Agreement (same designated official as on line 1 of the signature page of this Agreement).
- (7) Signature of governing board member (same name as on line (2) of this certification page).  
 Please note that a governing board member *cannot* designate himself or herself as the *Designated Official*.

**CERTIFICATION**

State of Arizona )  
 County of (1) County )

I, (2) Any Board Member, the duly appointed or elected and qualified  
Name of Governing Board Member  
 member of, and acting on behalf of the governing board, do hereby certify that during a regular meeting held in (3)  
City Arizona, on (4) Date of meeting, this governing board, by motion made, seconded  
 and carried, approved and authorized execution of an agreement between the (5)  
Sponsor Name, same as page 1 and the State Board of Education (BOARD) for the purpose of  
 participating in the National School Lunch Program, School Breakfast Program, and/or Special Milk Program, for the period  
 beginning July 1, 2014.

(6) Name of Designated Official has been designated by the governing board to sign this Agreement.  
Name of Designated Official  
*(Cannot be the same as (2) above)*

I further certify that this meeting was duly noticed, called and convened and was attended by a majority of the members of the  
 governing board and that approval has not since been altered or rescinded.

(7) Board Member signs here  
Signature of Governing Board Member  
*(Same as (2) above)*


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- Complete lines (1) –(7) using the guidance on the form above.
- In line (2), if you do not actually have a board, please write “ No Governing Board” on the page.
- Any board member may designate any other person to be the Designated Official. The board member cannot be the Designated Official. The Designated Official should be the most readily available person who can make a decision or sign a contract for NSLP.



# Food Program Permanent Service Agreement (FPPSA) (continued)

Page 18 of the  
FPPSA



**ARIZONA DEPARTMENT OF EDUCATION**  
Health and Nutrition Services  
1535 West Jefferson Street  
Phoenix, Arizona 85007

**FOOD PROGRAM  
PERMANENT SERVICE AGREEMENT**  
Revised Summer 2014

**SIGNATURE PAGE**

**AGREED TO AND SIGNED:**

1. Designated Official Name and Title Designated Official signing the contract with ADE/USDA  
(Print or Type Name and Title) (Signature of Designated Official if applicable)  
[Same as item (6) on Certification Page]

Sponsor name same as page 1 Date contract is signed  
(SPONSOR) (Date)

Address: Address of Sponsor physical location

**OTHER AUTHORIZED SIGNATURES**

2. other authorized signers \_\_\_\_\_  
(Print or Type Name and Title) (Signature)

3. other authorized signers \_\_\_\_\_  
(Print or Type Name and Title) (Signature)

4. other authorized signers \_\_\_\_\_  
(Print or Type Name and Title) (Signature)

**FOR OFFICIAL USE ONLY**  
**STATE BOARD OF EDUCATION**

(Superintendent of Public Instruction or Designee) \_\_\_\_\_ (Date)  
1535 West Jefferson, Phoenix, Arizona 85007

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- The Designated Official and Authorized Signers will be the only authorized representatives of the LEA to sign documents submitted to ADE for the NSLP and any other program that requires NSLP participation.
- All fields in section 1 must be completed.
- ADE recommends providing additional Authorized Signers in sections 2-4. The Designated Official should not sign again on number 2-4. It is not necessary to have board members as authorized signers. The purpose of requesting other authorized signers is to allow those individuals administering the program to be able to sign operational and routine program documents/updates.

# ADD / CHANGE / DELETE Form

The purpose of this form is to formally request the Sponsor and participating sites to be added to the electronic Child Nutrition Programs (CNP) system.

## ADD / CHANGE / DELETE

**ADD / CHANGE / DELETE**  
**Health and Nutrition Services Entity Data Form** ver. 1

Fax To: (602) 542-1531 ☒ Select Applicable Program ☐ NSLP ☐ SFSP ☐ CACFP Fax To: (602) 542-1531

**Sponsor Information** Mark box for the reason of using this add/change/delete form

☐ I am requesting the creation of a brand new Sponsor ☒ I am requesting a change to the Site(s)  
☒ I am requesting a change to the Sponsor name

Sponsor Name: **Sponsor name entered on the FPPSA**

Sponsor CTDS#: **XX-XX-XX-XXX**

Physical Address: **Physical address listed with School Finance**

City: \_\_\_\_\_ State: **AZ** Zip: \_\_\_\_\_

Mailing Address: **Mailing address listed with School Finance**

City: \_\_\_\_\_ State: **AZ** Zip: \_\_\_\_\_

**Site Information** Mark box for the reason of using this add/change/delete form

☒ I am requesting a change to the Site name ☒ I am requesting the creation of a brand new site  
☒ I am requesting that the Site be deleted ☐ (If brand new site) ☐ Non-Associated Site ☐ Associated Site

Site Name: \_\_\_\_\_

Site CTDS#: \_\_\_\_\_

Physical Address: **Location where program meals are served**

City: \_\_\_\_\_ State: **AZ** Zip: \_\_\_\_\_

**Authorized Signer Information** (The Governing Board Member listed on the Confidentiality Page of the ADE Field Program Participation Service Agreement, or a Designated Official/Authorized Representative, is listed on the last page of the ADE Field Program Participation Service Agreement.)

Name: **Authorized Signer (listed on pg. 18 of the FPPSA)** Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For FY: \_\_\_\_\_ Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR NEW SPONSORS ONLY**

Please Check One Box:

☐ Non-Profit Child Care Center ☐ Non-Profit Child Care Center ☐ Private Non-Profit Organization  
☐ Adult Day Care Center ☐ Residential Child Care Institution (Non-Gov't) ☐ Day Care Home Sponsor

- The location where program meals will be served is referred to as a site.
- The Sponsor name must match the name listed in the School Finance Database, found on page 1 of your FPPSA.
- This form must be signed by an authorized signer, found on page 18 of your FPPSA. Electronic signatures are not accepted by NSLP.
- If you are adding more than one site, there is an additional page. Each page must be signed.

# Common Logon Permissions Request for NSLP

The ADE Common Logon is designed to encompass all Web applications at ADE for the purposes of allowing uniform access into all systems. Once granted a username and password, the user will have all requested "web applications" from different divisions listed on their Common Logon Home Page.

[Common Logon Permissions Request for NSLP.](#)

- Follow all of the instructions provided on the form.
- **Permissions Section:** Check off which CNP Applications the user will have access to. The following slide will review each of these CNP Applications.
- Authorized Representative must sign to approve this request.
  - Only an individual listed on the signature page 18 of the FPPSA can sign as an authorized signer.
  - Please list the authorized signers work E-mail address and work phone number. ADE will use this contact information to notify if.

**Common Logon Permissions for NSLP**  
 Please scan & e-mail the completed form to [ADESchoolNutrition@azed.gov](mailto:ADESchoolNutrition@azed.gov)  
 Or fax the completed form to (602) 542-1531 attention NSLP Common Logon Processor

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Sponsor name, same as page 1 on FPPSA

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.)

CTDS #

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First name of person wanting permissions

First Name (of person having permissions added/deleted)

Last name of person wanting permissions

Last Name

Leave blank if you do not already have a username. ADE will create one for you.

Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: JSmith1983)

Work E-Mail Address

ADE will notify user of permissions using the listed email/phone number

Title of person wanting permissions

Title

Work Phone Number

Ext.

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**Permissions Section**

☐ Check here to request CNPWeb-NSLP permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP Menu Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP Direct Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP VERIFICATION permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here if the user should be DELETED

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First and Last Name of Authorized Signer

Authorized Representative

Signature of Authorized Signer

Signature

Date when request was signed

Date

Authorized Signer email

Work E-Mail Address

Work Phone Number

Ext.

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As the above named Authorized Representative, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the ADE Acceptable Use Policy; is an employee with this organization; and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.

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**ADE USE ONLY**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

ADE Child Nutrition Programs Representative

Revised 5/8/2014

# Common Logon Permissions Request for NSLP (continued)

## Permissions Section

It is recommended that only those individuals who will be completing specific tasks have access to the different Common Logon Child Nutrition Program (CNP) Applications.

## CNP WEB-NSLP

- After the original paper application is approved, Site and Sponsor applications are entered into CNP Web. This must be done at the beginning of each Program Year.
- Claims for meal reimbursement are entered in CNP Web.

## CNP MENU CERTIFICATION

- Used to upload or check documents used for Menu Certification which is currently part of the approval process.

## CNP DIRECT CERTIFICATION

- Users will have access to enrolled students participating in Assistance Programs (SNAP, TANF, Foster)

## CNP VERIFICATION

- Access to submit the required Verification Summary Report.


Common Logon Permissions for NSLP	
Please scan & e-mail the completed form to <a href="mailto:ADESchoolNutrition@azed.gov">ADESchoolNutrition@azed.gov</a> Or fax the completed form to (602) 542-1531 attention NSLP Common Logon Processor	
Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.)	CTDS #
First Name (if person having permissions added/deleted)	Last Name
Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: JSmith1983)	Work E-Mail Address
Title	Work Phone Number Ext.
<b>Permissions Section</b> <input type="checkbox"/> Check here to request CNPWeb-NSLP permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously. <input type="checkbox"/> Check here to request CNP Menu Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously. <input type="checkbox"/> Check here to request CNP Direct Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously. <input type="checkbox"/> Check here to request CNP VERIFICATION permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously. <input type="checkbox"/> Check here if the user should be DELETED	
<b>Authorized Representative</b> Signature _____ Date _____ Work E-Mail Address _____ Work Phone Number _____ Ext. _____	
As the above named Authorized Representative, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract, or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the ADE Acceptable Use Policy, is an employee with this organization, and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.	
<b>ADE USE ONLY</b> Approved By: _____ Date: _____ ADE Child Nutrition Programs Representative Revised 5/8/2014	

# Free and Reduced Price Policy Statement

This statement outlines regulations for determining children's eligibility for free and reduced-price benefits in the NSLP, SBP and SMP. This policy statement is considered a permanent document and shall apply to the program(s) indicated on the most recent FPPSA.

[Free and Reduced Price Policy Statement](#)

<p>C. The following direct certification procedures have been implemented:</p> <p>a. <u>(describe direct certification procedures here)</u></p> <p>D. The following procedures for accepting applications for benefits have been implemented:</p> <p>a. <u>(describe procedures for accepting applications here)</u></p> <p>F. <u>Eligibility will be determined in accordance with the current Income Eligibility Guidelines (IGs).</u></p>	<p>regarding meal charges, including specific number of meals that may be</p> <p>sh, breakfast, or type of milk is offered which meets the requirements of 7</p> <p>215.2, children eligible for free or reduced-price benefits will have the</p> <p>/or milk that is available to those children who pay the full price for their</p> <p>vent overt discrimination of children receiving free or reduced-price meals,</p> <p>collecting payment from children paying the full- or reduced-price of the</p> <p>mented.</p>
<p>eligible for free meals. A foster child may be included as a member</p> <p>ly chooses to also apply for benefits for other children, as</p> <p>household members can help other children in the household</p> <p>also. If the foster family is not eligible for free or reduced-price</p> <p>at a foster child from receiving free meal benefits.</p>	<p><u>(if payment methods here)</u></p> <p>foods during a meal service, the following practices will be implemented</p> <p>ation of the children receiving free or reduced-price meals:</p> <p>plemented here)</p>
<p>categorically eligible under Other Source Categorically Eligible</p> <p>act the school for assistance in receiving benefits and to mark the</p> <p>indicate their status.</p>	<p>the public through a public/media release which will be provided to</p> <p>employment offices, and major employers contemplating large layoffs in</p> <p>schools. The release will include the name(s) of the school(s) approved to</p> <p>is/or SMP in CNP Web, Income Eligibility Guidelines (IGs) for free and</p> <p>other information required to be contained in the letter to households. A</p> <p>release which will be used is attached to this statement.</p>
<p>bring procedures set forth in 7 CFR 245.7 and nondiscrimination</p> <p>free and reduced-price applications by November 15 each year</p> <p>the following procedures:</p> <p>as here)</p>	<p>tion of the verification activities as required by 7 CFR</p> <p>summary report of verification activities performed as required</p> <p>each year.</p>
<p>taken to prevent disclosure of confidential free and reduced-</p> <p>quired by 7 CFR 245.6(f)(4);</p> <p>will)</p>	<p>(Title) _____ (Authorized Signature)</p>
<p>e following policies per site regarding meal charges:</p>	<p>_____ (Date)</p>



**ARIZONA DEPARTMENT OF EDUCATION**  
Health and Nutrition Services  
1535 West Jefferson Street  
Phoenix, Arizona 85007

**Free and Reduced-Price Policy Statement**  
Revised Summer 2015

**Introduction**

In accordance with 7 CFR 245.10, each Local Educational Agency (LEA) participating in the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or the Special Milk Program (SMP) with the free milk option must have an approved free and reduced-price policy statement on file with the Arizona Department of Education (ADE) that accurately describes its current free and reduced-price policies. LEAs just beginning participation in the NSLP, SBP, or SMP must submit their policy statement to ADE for review as part of the new sponsor application process. The policy statement becomes a permanent document, but must be amended when the LEA makes a substantive change to its free and reduced-price policy. Amendments must be submitted for review by ADE by October 15 each year.

**Policy Statement**

Sponsor Name: \_\_\_\_\_

This statement applies to the programs in which the sponsor will be participating as indicated on the application and agreement.

In fulfilling its responsibilities to implement a policy that conforms to United States Department of Agriculture (USDA) regulations regarding determination of children's eligibility for free and reduced-price benefits, Sponsor Name wishes to state the following:

A. Sponsor Name's CNP Web Sponsor Application will be updated each school year to reflect the following:

- The household application, application letter, and notification letters provided to households applying for benefits will be those provided by ADE;
- And/or a customized household application, application letter, and notification letters have been developed and will be provided to households applying for benefits. Customized applications and letters must be reviewed and approved by ADE prior to use.

B. Name and/or Title is the LEA official that has been designated to make eligibility determinations.

- Fill in all grayed areas of the Free and Reduced Price Policy Statement.
- All fields requesting "Sponsor", please enter the Sponsor name listed on page 1 of the FPPSA.
- The last page will require the signature of an Authorized Signer. This signer must be listed on page 18 of the FPPSA.

# Civil Rights Pre-Award Compliance

The Arizona Department of Education (ADE) is required to conduct a pre-award civil rights compliance review of unfunded Sponsors applying for a Child Nutrition Program.

**Child Nutrition Programs  
Civil Rights Pre-Award Compliance  
New Sponsors Only**

Sponsors of the Child Nutrition Programs are required to use the following items to publicize The Program's availability and nondiscrimination requirements:

- Free and Reduced-Price Policy Statements
- Letter to Parents
- Public Release (Publicized by AZ Department of Education)
- Other materials used to publicize the program's availability and nondiscrimination requirements

**Please submit the following information prior to the receipt of federal funds:**

1. Sponsor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

2. First, indicate the number of students enrolled from each racial/ethnic group. Next, indicate the enrolled percentage by dividing the number of enrolled students in each group by the total number of students enrolled. Finally, indicate the service area data from the census population statistics website: <http://arizonaindicators.org/demographics/demographics-overview>.

**Racial/Ethnic Data**

	ENROLLED	ENROLLED %	SERVICE AREA %
Black/African American*			
White*			
Hispanic/Latino			
American Indian/Alaska Native*			
Asian*			
Native Hawaiian/Pacific Islander*			
Some Other Race(s)*†			
Total			

\* Race alone not Hispanic or Latino  
 † Includes 2 or more races

3. Are there membership requirements as a prerequisite for admission? If yes, please describe: \_\_\_\_\_

4. List names of other federal agencies which provide assistance to your organization: \_\_\_\_\_

5. Has your organization ever been found to be in Civil Rights noncompliance with any of the Federal Agencies listed in question 4? If yes, explain: \_\_\_\_\_

Revised 7/06

- Complete number 1 following the instructions provided on the form. When entering the Sponsor Name, please enter the name as shown on page 1 of the FPPSA.
- Complete Racial and Ethnic Data table.
  - Enrolled % and Service Area columns should total 100%.
  - Complete the Service Area % Column by clicking on the URL link located in the instructions of #2.
- Answer # 3, 4, and 5 if applicable, if not; please enter N/A.

# State of Arizona Substitute W-9 Form

This form is required by  
Finance and Operations  
for Sponsor's to receive  
reimbursement for claims.

## State of Arizona Substitute W-9 Form

**State of Arizona Substitute W-9 & Vendor Authorization Form**

**Purpose:** Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

**Instructions:** Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; AND
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.  
See instructions below or refer to the IRS instructions at [www.irs.gov](http://www.irs.gov) for details on completing this form.

**Type of Request (Must select at least ONE)**

☐ New Request ☐ New Location (Additional Mail Code) ☐ Change (select the type of change from the following: ☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator ☐ Main Address ☐ Remittance Address ☐ Contact Information

**Taxpayer Identification Number (TIN) (Provide ONE Only)**

Social Security Number (SSN)  -  -  OR Federal Employer Identification Number (FEIN)  -  -

**Entity Name Must Provide Legal Name (\*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)**

Legal Name\*

**Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)**

☐ Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I) ☐ State of Arizona employee (1E) STATE HRIS EIN

☐ Corporation NOT providing health care, medical or legal services (5A) ☐ LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

☐ Corporation providing health care, medical or legal services (5M) ☐ LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

☐ Partnership, LLP or Partnership organized as LLC or PLLC (5C) ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

☐ An international organization or any of its agencies/instrumentalities (5U) ☐ Other: Tax Reportable Entity (5P) Description

☐ The US or any of its political subdivisions or instrumentalities (2G) ☐ Other: Tax Exempt Entity (5H)

**Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)**

☐ Small Business (01) ☐ Small, Woman Owned Business- Hispanic (31) ☐ Minority Owned Business- African American (04)

☐ Small Business- African American (23) ☐ Small, Woman Owned Business- Native American (33) ☐ Minority Owned Business- Asian (32)

☐ Small Business- Asian (24) ☐ Small, Woman Owned Business- Other Minority (11) ☐ Minority Owned Business- Hispanic (74)

☐ Small Business- Hispanic (25) ☐ Woman Owned Business (03) ☐ Minority Owned Business- Native American (15)

☐ Small Business- Native American (27) ☐ Woman Owned Business- African American (17) ☐ Minority Owned Business- Other Minority (02)

☐ Small Business- Other Minority (05) ☐ Woman Owned Business- Asian (18) ☐ Non-Profit, IRC § 501(c) (88)

☐ Small, Woman Owned Business (06) ☐ Woman Owned Business- Hispanic (19) ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☐ Small, Woman Owned Business- African American (20) ☐ Woman Owned Business- Native American (21) ☐ Individual, Non-Business (00)

☐ Small, Woman Owned Business- Asian (30) ☐ Woman Owned Business- Other Minority (08)

**Main Address Where tax information and general correspondence is to be mailed** ☐ Remittance Address Where payment is to be mailed ☐ Same as Main

DEA/Branch/Location  DEA/Branch/Location

Address  Address

City  State  Zip code  City  State  Zip code

**Vendor Contact Information**

Name  Title

Phone #  Ext.  Fax  Email

**Certification** ☐ Exempt from backup withholding

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature  Title  Date

**STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION** **VENDOR: DO NOT WRITE BELOW THIS LINE**

State HRIS EIN  Print Name  Signature

AGY  Title  Phone #  Email  Date

**STATE OF ARIZONA QAO USE ONLY** **VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

☐ IRS TIN Matching ☐ Corporation Commission Vendor Number  Processed by  Date Processed

☐ HRIS ☐ GAO-03 ☐ Other

- Follow the instructions provided on the form.
- ADE will only accept the W-9 in this form.
- If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section, you will need to provide a copy of the IRS approval letter.

# DUNS Number Form

D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

[DUNS Number Form](#)

## Mandatory Reporting of DUNS Number

### WORKSHEET

#### Sponsor Name:

Sponsor name as listed on page 1 of FPPSA

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#### Sponsor CTDS:

CTDS # that School Finance assigned to your school

— — — — —

#### Sponsor DUNS Number:

List the # that was obtained through this link:

— — — — — <http://fedgov.dnb.com/webform> — — — — —

- The Data Universal Numbering System or DUNS number is Dun & Bradstreet's copyrighted, proprietary means of identifying entities using a unique nine-digit identification number. If you do not already have a DUNS number you must request one online by going to <http://fedgov.dnb.com/webform>.



# Certification Regarding Debarment

This form notifies the state of Arizona that the Sponsor will not knowingly do business with any organization that has been suspended or disbarred from operating any government program.

## Certification Regarding Debarment

U.S. DEPARTMENT OF AGRICULTURE	
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions	
<small>This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, <u>Federal Register</u> (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.</small>	
<small>(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)</small>	
<small>(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.</small>	
<small>(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.</small>	
Sponsor name as listed on page 1 of FPPSA	
Organization Name	PR/Award Number Project Name
Name and title of an Authorized signer (found on page 18 of FPPSA)	
Name(s) and Title(s) Authorized Representative(s)	
Signature of Authorized signer	Date document was signed
Signature(s)	Date

- This is a one page form with one page of instructions.
- Please only submit and complete page 2.

This form notifies the state of Arizona that the Sponsor will not knowingly do business with any organization that has been suspended or disbarred from operating any government program.

- This is a two page form with one page of instructions.
- Please complete page 1 and 3.
- The instructions request a list of lobbying activities. If you do not lobby, indicate so on the 3rd page by putting an "X" in the box at the top of the page(located by arrow).

<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="text-align: center;"> </div> <div> <b>DISCLOSURE OF LOBBYING ACTIVITIES</b>  <input type="checkbox"/> Check this box if not applicable         </div> </div>		
<b>Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352</b> <b>(See reverse for public burden disclosure).</b>		
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a contract <input type="checkbox"/> b grant <input type="checkbox"/> c cooperative agreement <input type="checkbox"/> d loan guarantee <input type="checkbox"/> e loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a bid offer application <input type="checkbox"/> b initial award <input type="checkbox"/> c post-award	<b>3. Report Type</b> <input type="checkbox"/> a initial filing <input type="checkbox"/> b material change For Material Change Only: year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entry</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Congressional District, (if known): _____, if known	<b>5. If Reporting Entry in No 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, (if known): _____	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description</b> CFDA Number, (if applicable): _____	
<b>8. Federal Action Number, (if known):</b>	<b>9. Award Amount, (if known): \$</b>	
<b>10. a. Name and Address of Lobbying Entry</b> (if individual, last name, first name, MI) (attach continuation sheet(s) SF-LLL-A, if necessary)	<b>b. Individuals Performing Services (including address)</b> (last name, first name, MI) (attach continuation sheet(s) SF-LLL-A, if necessary)	
<b>11. Amount of Payment (check all that apply):</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned <input type="checkbox"/> a cash <input type="checkbox"/> b in-kind, specify: _____ value _____	<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a retainer <input type="checkbox"/> d contingent fee <input type="checkbox"/> b one-time fee <input type="checkbox"/> e deferred <input type="checkbox"/> c commission <input type="checkbox"/> f other, specify: _____	
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), of Member(s) contracted, for payment indicated on item 11. (attach Continuation Sheet(s) SF-LLL-A, if necessary)</b>		
<b>15. Continuation Sheet(s) SF-LLL-A attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by title 31 U.S.C section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		
<b>Federal Use Only:</b>  Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		

# Menu Certification

LEAs must ensure their menus are in compliance with the meal pattern. Menu Certification is the process where LEAs input their menus on USDA Certification Worksheets that indicate if meal pattern requirements are being met.

Follow the Step by Step Guidance for How to Prepare a Certification Package located at:

<http://www.azed.gov/health-nutrition/nslp/menu-certification/>


- Requires one week of menus
- Requires matching nutrition worksheets
- Submit the documents (rather than upload) via email to [ADESchoolNutriton@azed.gov](mailto:ADESchoolNutriton@azed.gov)

Healthier Kansas Menus-Breakfast - DAILY PRODUCTION RECORDS

### Menus for the Week

**PLEASE NOTE:**  
Milk choice includes a choice of non-fat, flavored or un-flavored, or 1% unflavored milk.  
Fruit juice choice includes any 100% juice.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Weekly Nutrient Averages K-12	
Mini Waffles with Brynji	Star Spangled Pancakes	Whole Wheat Bagel with Toppings	Breakfast Pita with Tomato Salsa	Whole Grain Cinnamon Roll	<b>Calories</b>	485
Fresh Pineapple	Sausage Patty	Fresh Strawberries	Sliced Pears	Mandarin Oranges	<b>Sodium</b>	535
Fruit Juice Choice	Tropical Fruit	Fruit Juice Choice	Fruit Juice Choice	Fruit Juice Choice	<b>% calories from saturated fat</b>	47%
Milk Choice	Fruit Juice Choice	Milk Choice	Milk Choice	Milk Choice		



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Meal Pattern Reimbursable Breakfast Grades K-12

SFA Name:  
K-12 Menu #:

Enter each reimbursable breakfast offered during the reference week and select or enter the quantity of each component.  
Each reimbursable meal consists of all required food components: any grain/meat/meat alternates in a main dish and/or side dish, total amount of fruit offered with this meal, total amount of vegetables in a main dish and/or amount of milk. The vegetable subgroups and types of milk will be recorded on a different tab.

[Click here to go the Food Buying Guide Calculator](#) [Click here to go the Instructions](#) [Click here to the Weekly Report](#)

Meal Name	Grains			Fruit (cups)				Enter amount of milk
	2	2a	2b	3	3a	3b	3c	
Enter the name of each reimbursable meal as found on the weekly menu. Select the first blank if the component was not offered with the meal. ** DO NOT DELETE ROWS **	Enter the TOTAL number of oz eq of GRAINS + Meat/Meat Alternate counting toward Grains	Enter the number of oz eq/servings of Whole Grain-Rich Grains	Enter the number of oz eq of Meats/Meat Alternates counting toward Grains requirement	Select the number of cups of fruit including fruit/vegetables/juice offered with this meal	ONLY select the cups of fruit/vegetable juice	ONLY select the number of cups of non-starchy vegetables offered with this meal	ONLY select the number of cups of starchy vegetables offered with this meal	
Example: Bagel and cream cheese /apples	2.50	2.00	0.50	1				
1								
2								
3								

Ready Breakfast Worksheet Instructions SFA Notes All Meals Monday Tuesday Wednesday Thursday Friday Weekly Report Nutrient Instructions

11/13/2014 4:50 PM

If Applicable

Only submit to ADE if applicable.

## **501(c)(3)**

**For Private Organizations Only** - Copy of tax-exemption 501(c)(3) Letter from the IRS

- If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section of the AZ-W9, please provide a copy of the IRS approval letter.
- We do not accept the IRS letters indicating you have applied for tax exemptions.

If Applicable

Only submit to ADE if applicable.

## Operating License

**For Residential Facilities only** - Copy of current operating license

- A license for each site(s) participating in the program is required.
- Non-health facilities are licensed by DES
- Healthcare facilities are licensed by DHS

If Applicable

Only submit to ADE if applicable.

## Caterer/Vendor Contact

All Sponsors of the Child Nutrition Programs have the option of contracting with a caterer or a Food Service Management Company (FSMC) to operate their food service. Please review the information found on the ADE Website, [Contracting for Meal Service](#).

- All contracts must be approved by the ADE Contracts Management Officer (CMO) and Sponsors must follow procurement procedures.
- Please plan at least 10 days for your contract to be reviewed.
- Veronica Cramer  
Contracts Management Officer  
Health and Nutrition Services  
(602) 364-1965  
[Veronica.Cramer@azed.gov](mailto:Veronica.Cramer@azed.gov)

## If Applicable

Required if you plan to participate in USDA Foods (commodities).

[Food Distribution Program Delivery Information Form](#)

## Food Distribution Delivery Information Form

- Access to this program **requires additional training and access to CNP2000**. More information regarding USDA Foods and the CNP2000 system can be found in the [ADE USDA Foods/Food Distribution Webpage](#).
- Participation in USDA Foods Program is required to participate in the DoD Fresh Produce program.
- Participation in these programs may help reduce your food costs significantly.

# Technical Assistance

If you have any questions about filling out any application forms, please feel free to contact the Health & Nutrition office at 602-542-8700 and ask for our New Sponsor specialist for National School Lunch Program.